

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010925

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3 16 8

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11

12 91-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
J. M. Tillman
MEDICAL CERTIFICATION

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1465

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

3 YRS

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 1514-E-12th ST.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

OR TOWN

d. STREET ADDRESS

(If outside, give location) 1333-E-13th

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HOUSTON H. ESTELLE

4. DATE OF DEATH

3-11-1962

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-22-1922

9. AGE (last birthday)

39

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MORVELL, ARK

12. CITIZEN OF WHAT COUNTRY

U.S.-A

13a. FATHER'S NAME

HOUSTON ESTELLE

13b. MOTHER'S MAIDEN NAME

BETTY MONCE

14. NAME OF HUSBAND OR WIFE

LORENE ESTELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT

LORENE ESTELLE, Junction City

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

DUE TO (b)

Internal Thoracic Hemorrhage

DUE TO (c)

Penetrating Gunshot Wound of Left Chest.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 3:25 p.m. Month, Day, Year 3/11/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1514 E 12

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo.

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. M. Tillman, M.D. Deputy Coroner

22b. ADDRESS

1618 E. 12th Ave

22c. DATE SIGNED

3/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

3-13-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

JUNCTION CITY, KS.

(State)

24. FUNERAL DIRECTOR

BROWN-HOSON, K.F., Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS APR 2 - 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Millard B. Parker

Licensed Embalmer No.

5013

P. O. Address

17. E. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.